

Barnes Bulletin

Evens re-elected chairman of Barnes Medical Advisory Committee

Dr. Ronald G. Evens, radiologist-in-chief, was re-elected chairman of the Barnes Medical Advisory Committee at its annual meeting June 20. Dr. David Kipnis, physician-in-chief, was elected vice-chairman. Robert E. Frank, Barnes president, serves as secretary. Their terms are for one year beginning July 1, 1975.

The Medical Advisory Committee replaced the Joint Medical Advisory Committee when the Barnes Hospital medical staff by-laws were revised in December.

It is the duty of the Medical Advisory Committee to govern the actions of the medical staff, to advise the board of directors in all matters relating to the welfare of the hospital, the medical staff, the medical care and treatment of both in-patients and out-patients, and medical education and research programs which may be conducted in the hospital.

The Committee may also have conjoint meetings with the Medical Advisory Committee of St. Louis Children's Hospital.

Barnes again ranked among top ten hospitals

Barnes Hospital has once again been selected as one of the top ten hospitals in the United States. In an article titled "Picking the Absolutely Top Places for Medical Care in the United States," Edwin Kiester, Jr., editor-at-large for *Today's Health*, lay magazine of the American Medical Association, ranked Barnes No. 5 in the nation.

Writing in the June, 1975, issue of *Mainliner* magazine of United Airlines and Western International Hotels, Kiester noted that three times in the past ten years doctors themselves have been asked, "Where would you go if you were ill?" "The ratings of ten top hospitals in America are astonishing in their similarities," he said.

Analysing the listings, the article states, "Two of the lists placed the same institutions 1-2-3 at the top: Mayo Clinic, Rochester Minn.; Massachusetts General Hospital, Boston; The John Hopkins Hospital, Baltimore. . . . Three other hospitals repeat on all lists: Colombia Presbyterian and Mount Sinai, both in New York, and Barnes Hospital, St. Louis."

Kiester pointed out what "One hallmark is that almost all the leaders are teaching hospitals—affiliated with a university or medical school, a guarantee that they will be on the frontiers of medical research and treatment. They are also primarily nonprofit hospitals, well-endowed enough to have all necessary equipment and facilities." He added that size is an important factor, because it guarantees a large caseload, which means that hospital personnel become highly skilled in performing their specialized duties.

Front Cover: Coordinated efforts by Barnes security, medical and nursing personnel adds up to immediate care for a "victim" during a recent hospital disaster drill held in cooperation with the Metropolitan Hospital Society and four other hospitals.

According to the article, the top ten hospitals (listed in order) are Mayo Clinic (technically, Mayo is a diagnostic clinic with no patient beds), Massachusetts General, Johns Hopkins, Columbian-Presbyterian, Barnes, Mt. Sinai (New York), UCLA Center for the Health Sciences, Peter Bent Brigham, University of Chicago Hospitals and Stanford Hospital.

Barnes was cited along with Central Institute for the Deaf, as being prominently regarded in the field of ear surgery. In the specialty of neurological conditions, such as stroke, Parkinsonism, and brain tumor, Washington University Medical Center was also mentioned.

Although Barnes was not singled out by name for ophthalmology, the article stated "One earmark of first-class eye care today is whether an institution can provide laser treatment for diabetic conditions of the eye, or can perform vitrectomy," two procedures Barnes and its medical staff have become noted for.

MCRC announces plans for housing for elderly

The Medical Center Redevelopment Corporation has announced that a 250-unit housing development for the elderly will be built on the northeast corner of Newstead Ave. and Forest Park Blvd. It will be directly across the street from the new \$12 million Blue Cross building.

"The housing project will be a mixture of low-rise and high-rise buildings on a two-acre site," said R. Jerrad King, executive director of MCRC. He added that the bulk of the land has already been acquired.

The cost, estimated in excess of \$7 million, will be financed by the Missouri Housing Development Commission. It will be the first housing project to be undertaken in the MCRC's program to revitalize the neighborhood.

Dr. Samuel B. Guze, president of Washington University Medical Center, has announced that plans for several other developments are under consideration. A major banking institute is finalizing plans for the construction of a new facility along Forest Park Blvd., with groundbreaking scheduled for this summer.

In addition, he said, "Several large supermarket chains have held fruitful discussions with us and we are exploring alternate sites and the potential for development." A major savings and loan institution has expressed interest in locating a branch next to the supermarket.

Rehabilitation of homes in the 4400 block of Laclede is scheduled to begin soon. Letters have been sent to each property owner advising the type of assistance that can be made available and requesting suggestions for rehabilitation plans for the block.

"We continue to be pleased with the development of this complex and often very difficult program, and we remain confident that in the end we will have helped improve and preserve the fine old west-end neighborhood around the Medical Center," said Dr. Guze.

Dr. James O'Leary dies; formerly served as neurologist-in-chief

Dr. James O'Leary, neurologist emeritus at Barnes, died May 25 at the hospital following a brief illness. Dr. O'Leary, 70 years of age, was neurologist-in-chief at Barnes from 1946 until he retired in 1970.

Dr. O'Leary served as president of the American Neurological Society, the American Electroencephalographic Society and the American Epilepsy Society. He was awarded the Distinguished



Dr. James L. O'Leary

Service Certificate of the University of Chicago in 1962, the William G. Lennox Award of the American Epilepsy Society in 1968 and the Jacoby Award of the American Neurological Association in 1971.

Dr. O'Leary received a doctorate from the University of Chicago in 1928 and the doctor of medicine degree from the University in 1931. He also served in the anatomy department of Washington University School of Medicine. He also served as chairman of the Medical Advisory Committee at Barnes.

He joined the Medical Corps in 1941 and taught neuroanatomy, neurophysiology and electroencephalography at Mason General Hospital in Brentwood, N.Y. He was discharged with the rank of lieutenant colonel in 1946.

Booklet tells history of Barnes Hospital

"What's Past Is Prologue," a history of Barnes Hospital, has been prepared by the Public Relations Department and mailed to employees and friends of the hospital.

The 12-page, illustrated booklet tells of the founding of the hospital by Robert Barnes, a St. (Continued on page 2)

Barnes history . . .

(Continued from page 1)

Louis businessman, who left his fortune to construct "a modern general hospital for sick and injured persons, without distinction of creed," and specified "a plain but substantial brick building without elaborate ornamentation."

The growth of Barnes Hospital, from 26 patients (at a cost per patient day of \$2.96) when it opened in 1914 to a 1200-bed facility today, is recounted along with some of the outstanding medical advances that have taken place within its walls. Photographs depict the evolution of Barnes from construction of the original buildings to the opening of the East Pavilion. Also included is a photograph of the first operation at Barnes, on December 12, 1914.

"What's Past Is Prologue" is available from the Public Relations Department, Barnes Hospital, St. Louis, Missouri 63110.

Junior Volunteers working at Barnes

Almost 200 Junior volunteers, high school age young men and women, are working this summer at Barnes Hospital.

Katie Beyer, director of volunteers, said that orientation sessions were held in late May and early June for the volunteers who will work in various areas throughout the hospital. Last year junior volunteers worked more than 14,000 hours.

The 173 young women, in pink-striped dresses, and 24 young men, in red blazers, will be working in such areas as admitting, central service, dispatch, clinics, dietary, physical therapy, medical records, nurse volunteering, recovery rooms and the Wishing Well.

Although some of the Junior Volunteers continue to work year around, Ms. Beyer said that most will be working only during the summer months. "It's amazing what these young people are able to accomplish during only two or three months," Ms. Beyer said. "We have several who have worked here before and say they want to continue volunteering as long as they can."

Last year the tradition was continued of having a Junior Volunteers night at Busch Stadium for a Cardinal baseball game. During the game last year, special recognition was given to the group on the stadium message board. The Junior Volunteer chairman is Mrs. Doris Smith.

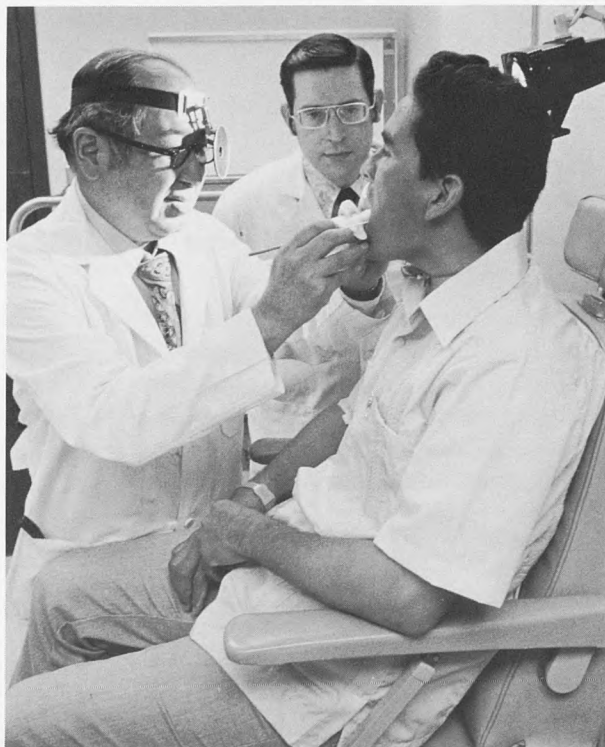


Debbie Barr of Creve Couer examines flowers near Wishing Well. She is one of many junior volunteers working this summer in the hospital.

Panamanian seeking repair of larynx comes to Barnes

The Alvarado family of David, Republic of Panama, earn their living by caring for cattle. Fourteen years ago, young Isaac Alvarado, age 13, threw a rope from his horse to lasso a cow. The rope caught the cow, but it also became tangled in a tree.

Pulled taut from the saddle horn where it was tied, the rope jerked and Isaac fell across it to the ground. In the classic accident (here in the U.S. it often happens similarly, except that the young



Isaac Alvarado of Panama is examined by Dr. Joseph Ogura, Barnes otolaryngologist-in-chief. Dr. William Alonso, an associate of Dr. Ogura, acts as interpreter.

person is riding a motorcycle and crosses a taut wire, or clothesline) the line caught the young man across his throat, fracturing the larynx.

Isaac Alvarado's first surgery was a tracheotomy, to open his air way. Then followed years of hospitalization, with three operations to repair the strictures in his throat. All failed to repair the larynx, or voice box.

Last month Isaac Alvarado, now 27, arrived in St. Louis, and was admitted to Barnes. He began tests prior to surgery, in hopes that Dr. Joseph Ogura can repair the larynx so that he can again speak normally.

The trip to Barnes was made possible by a fund raising drive by the David Lions Club, which will pay for Isaac Alvarado's medical expenses, and his transportation to St. Louis. His doctor in Panama, who performed the first operations, was the person who decided to seek the help of Dr. Ogura. He began correspondence with the Barnes chief of otolaryngology early this year, and it was through the Panamanian doctor that the Lions club became interested in the young man's plight.

On May 28, Isaac Alvarado arrived in St. Louis. He was met at the plane by Mr. and Mrs. Lewis T. Pate. Mr. Pate, controller of Edison Brother Stores, Inc., is president of the Downtown St. Louis Lions Club. Mr. Alvarado will be their houseguest when he is not a patient at Barnes. The Downtown Lions Club is furnishing all living expenses and transportation for the Panamanian man while he is recuperating in St. Louis.

Soon after his accident, Mr. Alvarado took classes to learn to talk using his esophagus. He

was able to learn this technique quickly. "His esophageal speech is excellent," said Dr. Ogura. While the quality is good, Mr. Alvarado is able to speak only in a whisper, but the fact that he can use his esophagus to form intelligible speech is an accomplishment.

Whether Dr. Ogura and his colleagues will be able to reconstruct the Panamanian's "voice box" is still not known. The fracture is more than 13 years old, with scars of former operations to complicate the procedure. However, the quiet, pleasant Panamanian feels fortunate to be at Barnes, and is extremely grateful to the Lions Club for the opportunity to be here.

Since he speaks only Spanish, communication is a problem. Marco Hurtado, PhD at Washington University's computer systems laboratory, has served as translator, and Dr. William A. Alonso, Barnes otolaryngologist, is fluent in Spanish and is able to work closely with Mr. Alvarado.

His translators have discovered that Mr. Alvarado is in college, studying agriculture, but also with an eye on a medical education.

"He's not at all afraid of being in a strange place, or of the procedures he must undergo," said Dr. Alonso. "He is just anxious to regain his speech, in order to have a normal life and a good future."

Friends, old and new appreciate receiving Barnes Bulletin

The *Barnes Bulletin* is "like a letter from home" to a now retired Barnes employe for 25 years, and the results of a recent mail search indicate the publication is looked forward to by many people.

The public relations department recently mailed letters to persons on the *Bulletin* mailing list, except staff members and employes, asking whether or not the person wished to continue receiving the publication. The process is an annual one to update the mailing list and to delete the names of anyone not interested in receiving it.

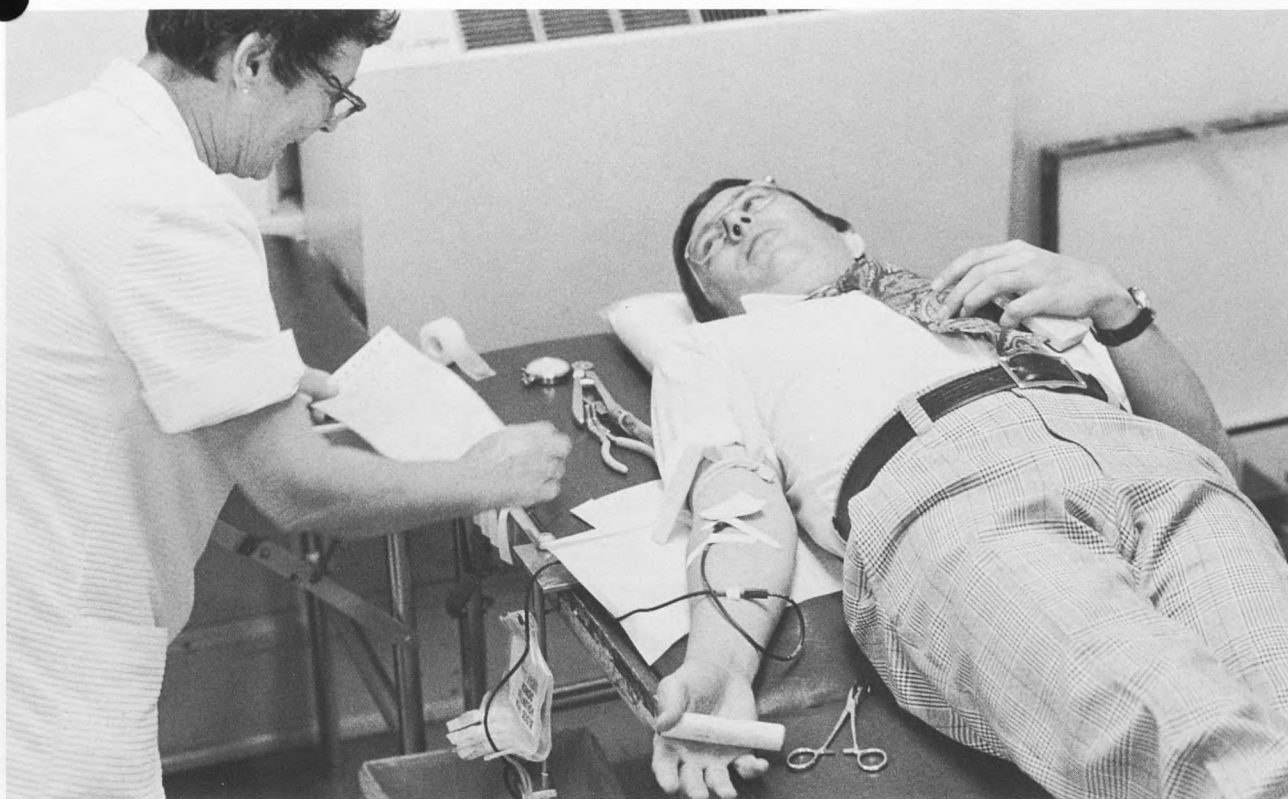
"The response was gratifying," said Jim Hubbard, *Bulletin* editor. "Many persons wrote notes when they returned the form and, judging from the responses, the *Bulletin* is an effective communication tool for the hospital."

One retired doctor said he considers the *Bulletin* "a highlight of my rather retired life." A former patient said she had enjoyed the *Bulletin* "since I spent five months at Barnes in 1970." Another former employe said the publication "helps keep in touch with a lot of old friends—just love it."

Other persons have commended the quality of the *Bulletin*. "It is truly one of the most outstanding hospital publications I've ever read," said one; and another commented, "I find it interesting and (it serves) as a Good Will ambassador. I pass it on to others."

Lucille McBean of Brownsville, Texas, said, "I love receiving the *Bulletin* from my dear hospital where I spent 40 years before I retired." She now lives with her sister.

Several persons returning the form sent checks—from \$2.50 to \$10 and \$25. Each expressed appreciation for receiving the *Bulletin*. The person who sent \$25 apologized for not being able to contribute more "at this time." No request for money was made in the mailing and the voluntary contributions have been donated to the Barnes Tribute Fund.



Jay Purvis is a study in relaxation while donating blood during recent bloodmobile.

Jay Purvis believes in Bloodmobile cause

One has to believe that when Jay Purvis, associate director, is discovered donating blood, he believes in the cause. That's what happened during a recent Red Cross Bloodmobile and he does believe in the cause.

"I can think of a thousand things I'd rather be doing—when time comes for me to go donate a unit of blood," Mr. Purvis said. "But the feeling doesn't last long and when I'm through, I feel good, because I know the blood will help somebody, somewhere."

Mr. Purvis and many other Barnes employees regularly contribute blood during bloodmobile visits. Many of the contributors have given blood before, some for many years. Others, however, are first-time contributors.

The process itself is a simple one. Routine questions concerning the person's medical background are asked and a drop of blood is painlessly taken from the earlobe for typing and testing. Red Cross nursing personnel then assist the donor as he or she lies down and then gently swab the inside of the arm with an antiseptic. The donor then tightens a fist to make the vein more visible and a "small" needle is quickly inserted into the vein.

Approximately 5-10 minutes later, the process is completed and the needle is removed. Following a short rest on the table, the donor is permitted to get up and get refreshments at a nearby table. The process is quick because donors can make reservations to donate their blood.

The blood donating process normally causes little side effects, perhaps a light-headed sensation comparable to a brisk walk or, as many persons around Barnes can testify, running up several flights of stairs. Many persons, however, do not feel any change.

One employee (not Mr. Purvis) donated blood late in the afternoon and played a strenuous game of basketball that night.

"I think most people would not have second thoughts if they were asked to donate blood to a relative or friend who needed it in a crisis situation," said Mr. Purvis. "But many think its a different story when they are asked to donate blood during a general bloodmobile visit.

"We can't make synthetic blood, we can't get it in any other way except for people to donate. Blood is a priceless commodity because its life-giving value is in giving life," he said.

Between one and two per cent of the population donate blood. At Barnes bloodmobiles, more than one-fourth of the total donors are normally new donors. However the hospital is only about a third of the way toward its goal of 677 units for 1975. 214 units have been collected prior to the bloodmobile visit June 30.

A special bloodmobile visit is set for Sept. 2 and the hours will be from 10 a.m. to 8 p.m. in Room 288 of the nurses' residence. Employees can contact their supervisors for additional information and to make arrangements to donate blood. By meeting their goal, Barnes employees and their families will continue to have their blood need guaranteed by Red Cross.

"Hospital employees see many sick people with life renewed because of blood transfusions. I'm about as big a chicken as anyone, but I'll be at the next bloodmobile and I hope to see a lot of other people there too," said Mr. Purvis.

Child abuse series sponsored by social service

Dr. William Ross, co-chief resident in pediatrics at Children's Hospital spoke on "Medical Indicators of Child Abuse" during an inservice child abuse series sponsored by the Barnes department of social service.

Dr. Ross said that there are five general areas of child abuse: sexual abuse, emotional abuse, medical care abuse, and a failure to thrive. He said that most child abuse will fall into one of the five categories and stressed the need for medical personnel to have a "high index of suspicion" in order to correctly detect cases of abuse.

Dr. Ross presented the second program in the four-part series. The first program featured a pediatrician and social worker discussing the extent of the child abuse problem. Another program was entitled "Who Could Hurt a Child" and included a videotape case presentation of an abused child.

St. Louis attorney Robert Hamlett discussed legal implications of child abuse during the fourth session. Barnes personnel are obligated, by law, to report all suspected cases of child abuse.

The No-See-Ums are here

Watch out, the No-See-Ums will getcha!

No-See-Ums, you see, are extremely small, fly-like insects which are among many insects that bite or sting and generally make life uncomfortable during warm weather. Unfortunately, some insects can make life more than uncomfortable, they can make a person seriously ill.

Doctors begin seeing people with insect bites or stings in early spring. "Some people have worse reactions in spring than in later months because they have gone through winter months without contact to insects and their resistance to them has been diminished," said Dr. John Uhlemann, chief resident in dermatology.

"Many of the insect bites or stings which we see are up to an inch in diameter and may be from mosquito or fly bites. In many cases, an infection has set in because of improper treatment of the irritation."

A common warm weather insect is the mosquito and recent health warnings have indicated that the St. Louis area, with a wet spring, may get a bumper crop of the pesky insects. "What happens is that the mosquito in biting the skin, injects saliva under the skin and this is what causes the itching," Dr. Uhlemann said. "A mosquito bite should be treated with a bland lotion."

Ticks, chiggers and mites belong to the same order of insects and although their bites are not venomous, they may carry diseases which can be harmful to humans. "Ticks, for instance, have been known to carry Rocky Mountain Spotted Fever, which is potentially fatal," Dr. Uhlemann said. "Also, tick paralysis is a possibility, although less common."

The bites of chiggers can make a person feel "incredibly miserable," said Dr. Uhlemann. "When the chigger bites, it injects a enzyme which literally turns the skin into soup over a tiny area." He said the important thing to remember is to thoroughly clean the affected area. Scratching the area of any bite or sting can cause an eroding of the skin and increase the chance of secondary infection.

Two poisonous spiders, the so-called brown recluse and the black widow, are found in the St. Louis area. The brown recluse is about an inch in diameter and has a light or medium brown-tan violin shaped mark on its back. It is found in homes, closets and in many areas where humans live. "The bad thing about this spider is that, unlike the black widow, they do not have to be threatened to bite," Dr. Uhlemann said. "The black widow will run if it has a chance."

A bite from the brown recluse can be severe and can cause the death of the skin around the bite in three to four days. The black widow, recognized by the red hourglass mark on its stomach, has a venom ten times more powerful than a rattlesnake. "Fortunately, much less venom is injected through a black widow bite and only the female is poisonous. Spider bites are rarely fatal but must be treated."

Dr. Uhlemann said that bee stings present a different problem because some bees leave their stinger in the victims skin. "What we recommend is that the person gently scrape the stinger out with his fingernail. Persons who know they are allergic to bee stings or who develop breathing difficulties or display allergic responses to stings should see a doctor immediately."

He also warned of the dangers of multiple stings. Multiple stings are particularly dangerous to cardiac patients and children, regardless of allergic conditions.

Dealing with job stresses is a contributing factor in persons' attitudes toward themselves and their lives.



Photos from left to right: Ruth Buchanan, left, talks with Mary Kay Wappelhorst in cytology laboratory. Martha Ramsey works with many departments in her forms control office. Receiving employes Dave Woods and Mike Hirbe show even hard work can be fun. Bill Davis of personnel believes communication is a key to achieving job satisfaction.

We All Do It... Work: Frustration and

Work, according to psychiatrists, is often the determining factor in defining an individual's general level of satisfaction—or dissatisfaction—with life. It contributes to self-esteem in two basic ways: People feel competent when they master the challenge of work, and they feel competent when others consider that they are doing something of value.

On the other hand, men and women who are unhappy with some aspect of their jobs frequently become unhappy with themselves and with their families.

As self-esteem decreases, absenteeism rises and latent illnesses frequently flare up. Studies have shown a definite connection between low job satisfaction and diseases such as heart attacks, hypertension and peptic ulcers, as well as poor mental health.

Since no one . . . is immune from job stress, everyone must work out their own way of coping . . .

Dr. George Murphy, Barnes psychiatrist, agrees that increased tension, whether at home or on the job, can worsen a disease. "We find that psychiatric problems produce job troubles. When people get depressed, they begin to feel they are incompetent on the job; sometimes it can be a circle. They become less and less confident, and consequently perform less well."

Since no one from president on down is immune to job stress, everyone must work out their own way of coping with the problems and frustrations inherent to their own job.

One of the most common factors creating job stress is boredom, particularly in jobs that are repetitive. (Of course, what is boring to one person

is sometimes rewarding or even exciting to another.) Workers who do feel bored cope in various ways. Some treat their jobs solely as a means to enjoyment of other pursuits. Others concentrate on pride in doing the job well, or develop satisfying friendships or routines with fellow workers.

Promotions are also sometimes a source of job stress

Ruth Buchanan, a technician in Barnes cytology lab, says emphatically that she does not consider her job dull, but, it does require continuous concentration and eye strain that must be relieved by a coffee break, or a joke. "We sometimes have to put our heads down on the desk and rest our eyes a few minutes," she said. The camaraderie in the cytology lab helps make the job more enjoyable. "We all get along well and enjoy each other. We have cooperative parties that do a lot to relieve tension before it builds up. We even had an Easter egg hunt. It's not boring."

Another cause of job stress is the feeling of being overworked or taken advantage of. In this instance being honest with oneself and with one's supervisor can be the answer. In most jobs at Barnes or anywhere else, fellow workers are sometimes called on to fill in for someone who is absent, but frustrations can build up when one thinks he is carrying too much of the load. As one housekeeper says, "First, I sit down and think about it. But sometimes I have to sound off."

Many people agree that such communication is necessary. Some, however, take their feelings of harassment out on the nearest inanimate object. "I just type harder and faster; really bang the keys," one secretary said.

Major job conflict is the classic person-in-the-middle syndrome, or being caught between two conflicting persons or factors on the job. Meeting

one demand makes it difficult if not impossible to comply with another. Martha Ramsey, forms control, who is called on to arrange typesetting and printing for various departments (all of which are in a hurry) is frequently in this situation. "But I'm programmed for it—conflicting deadlines are a normal way of life for me and we don't get up-tight too often. To us, the other departments are all customers and we treat them as customers. The customer is always right. We do the best we can and then don't engage in self-recriminations." She and others in a similar predicament find the proper attitude helps.

It may seem odd at first glance, but promotions are also a source of stress sometimes. Although getting a promotion is an ego-boosting experience, it can be highly stressful because of all the changes involved. There are new skills to learn, new people with whom to interact, old routines to abandon. Pam Lehnhoff, who was recently promoted to security secretary from admitting interviewer, points out, "The whole system is different and, of course, I walked into it cold. You have to be apprehensive for a while. But you must remember that many other people have confidence in you or you wouldn't have gotten the promotion."

Women in middle and upper management frequently feel isolated

Ms. Lehnhoff agrees with many co-workers who feel that a constructive way to relieve tension is by talking about it with others in a gripe session. "It helps to know there are others in the same boat. You realize you're not being picked on and that the grass really isn't greener on the other side of the fence."

It doesn't take the women's movement to emphasize the fact that women are subject to special stresses in addition to those men confront. Dr. James Hilikas, whose wife is an architect, under-



Satisfaction

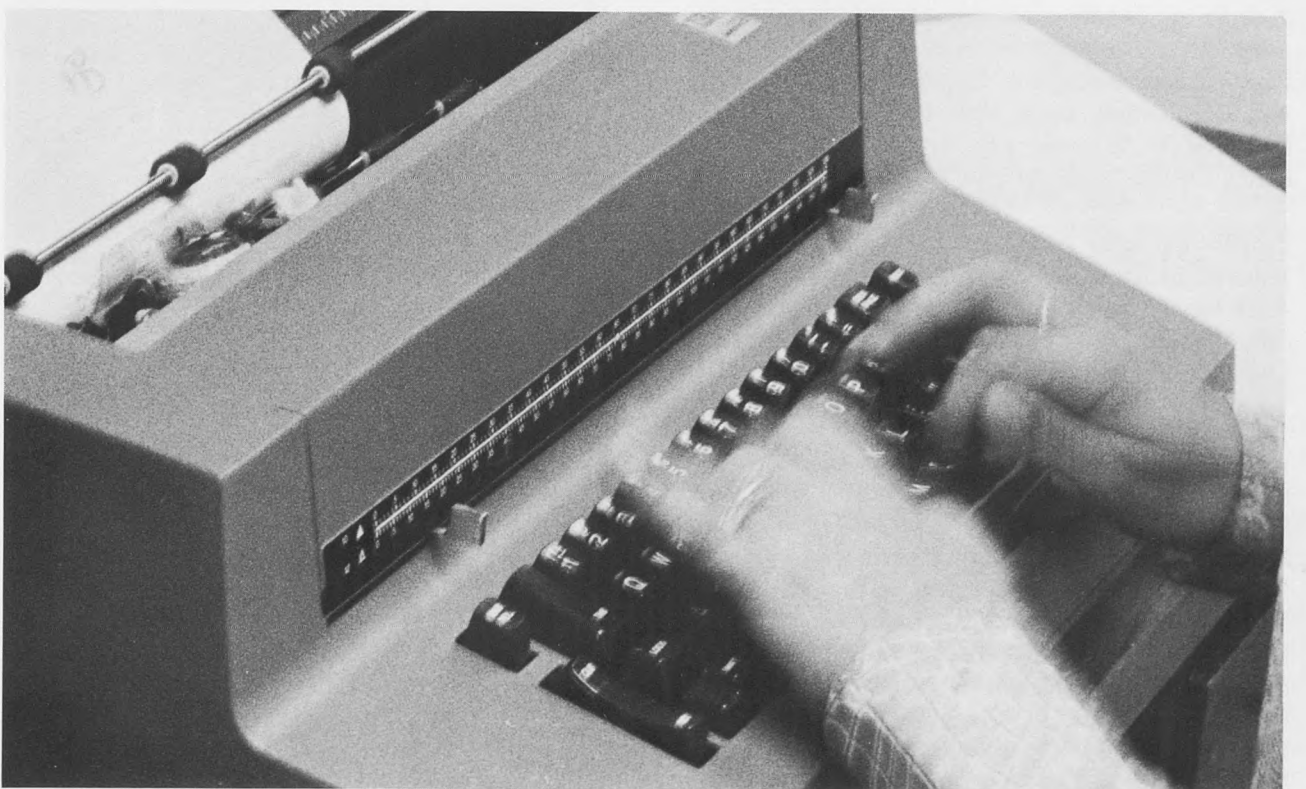
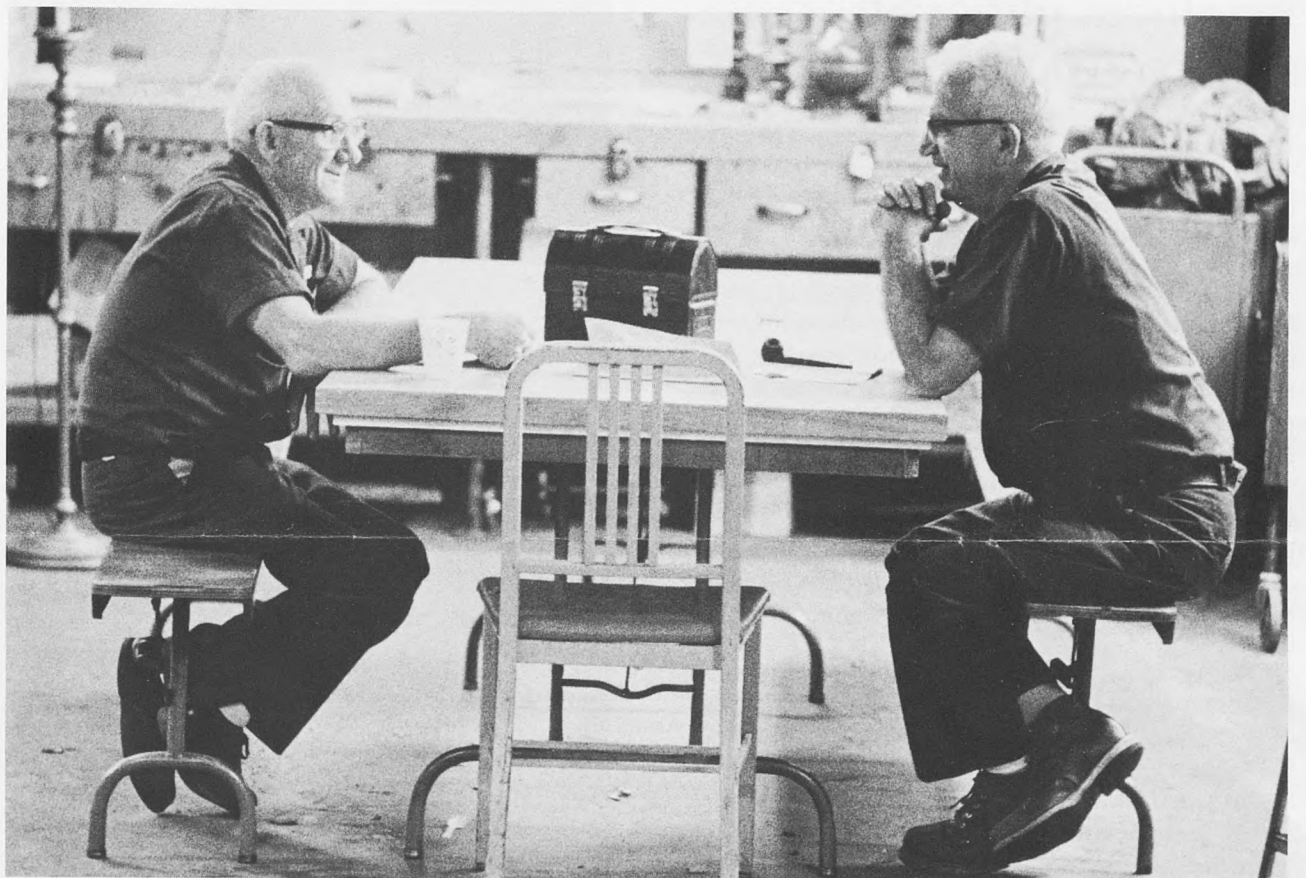
stands the problem: "Women not only are discriminated against in scores of subtle ways at work every day, but working wives are often expected to go home and cook and clean while their husbands rest from a hard day at the office. Resentments and frustrations are bound to multiply." Women in middle and upper management frequently feel isolated. Others inwardly seethe when they are expected, solely on the basis of their sex, to pass a typing test or make the coffee for a meeting. "I see to it that such things as coffee-making are rotated among the males as well as females," says one woman discussing how she copes.

Studies have found that most workers feel more secure in their jobs if they are clearly told what their responsibilities are and how these should be met. Lack of these guidelines is closely related to tension, dissatisfaction, a sense of futility and low self-confidence. Bill Davis, personnel, agrees. "I have found that lack of communication both within departments and between departments is one of the biggest problems in achieving job satisfaction. If you don't know what is going on, or why you are doing something, or what is expected, it's pretty hard to get excited about it."

Others find they can effectively take out their frustrations by participating in active sports. "You can slam a racquetball or tennis ball with all your might, or body-check an ice hockey opponent, and if you shut your eyes a bit, pretend it is your boss or co-worker if that makes you feel better," one weekend athlete reports.

Sports also leads to better interpersonal relations in another way. Office-mates who get together to ski, play on a softball team, or bowl, are much more likely to get along well together at work.

Conflicts will arise wherever two or more people gather. To keep on an even keel, everyone must decide the best way to cope. It is a very individual thing. One secretary who is known for talking softly to her numerous flowers, admits, with a gleam in her eye, "I scream at my plants when I get mad."



Photos from top to bottom: Jimmie Lioness and Ray Schwan enjoy work break in maintenance workshop. Flying fingers become blurred as secretary types an important letter.



Nursing service employees were among those who enjoyed the employee dinner. Pictured with Robert Frank, Barnes president, are Delphine Alexander, Christina Sims, Patsy Gillespie, Charlie Collins and Minnie Hayes.

Employees glitter at service awards dinner

A total of 3,535 years of service to Barnes Hospital were represented at the Employee Service Awards dinner May 23 on the Starlight Roof of the Chase-Park Plaza Hotel.

The mood of the evening was elegance, as is befitting a group of persons with such an impressive record. The women received corsages, the men had buttonhole carnations, and each employee was presented with a gold service pin from his or her respective administrator.

Many persons brought cameras, in order to take pictures of the women in their party dresses. "How could ladies who have grown up at least ten years look so lovely?" asked one administrator.

After a cocktail hour in the handsome Chase bar overlooking Forest Park, the group moved into the Chase Club room for a five course meal. Following dinner, the awards ceremony began. There was, however, no formal program, other than the honoring of recipients of pins. Guests were free to move from table to table to talk, or go back to the bar for after dinner refreshments.

Top awardees were Howard Hehner and Augusta Jordan, both with 45 years of service. Honored for 35 years at Barnes were Madge Geringer, Orville Lambert and Mae Martin.

Employees who received 25 year pins were Mildred Brocksmith, Sarah Buck, Jennie French, Alice Jones, Peggy Liles, Finan McDermott, Marcella Powell, Elie Roberts, Patience Steverson, Lois Vahle and Elizabeth Wood.

A total of 38 persons received recognition for 20 years. They were: Angela Barbour, Ethelene Bradley, Earlean Clark, Betty Collins, Ella Daniels, Josephine Davis, Willie Mae Davis, Lucy Diggs, William Evans, Lillie Flowers, Iris Franks, Mary Furlow, Anna Garner, Esther Granger, Thelma Hilliard, Catherine Lampkin, Georgia Leaks, Maxine Loucks, Joseph Milton, Ida Morris, Irma Norris, Glennon Noser, Johnifer Oldham, Thelma Purvis, Christine Ransom, Sarah Robinson, Loyce Rutherford, Mary Shannon, Delores Travis, Florence Walters, Estelle Warfield, Reba Watts, Carl Weatherford, Louise Williams, Dorothy Wilton, Roman Wozniak, Carmen Wright and Kenneth Yates.

In addition, a total of 79 employees were given pins for 15 years of service and 109 persons received awards for ten years.



Associate director Jay Purvis gets kisses at the employee dinner from his secretary Betty Collins, left, and Mae Martin, director of admitting.



A magnificent dinner was prepared for Barnes employees attending the dinner.



Hospital president Robert E. Frank, an avid photographer, gets into the act at the employee dinner with Betty Calloway, left, outpatient clinic receptionist; Mildred Halliburton, center, an LPN in the eye clinic and Thelma Ray, in LPN in obstetrics.

Academy hears NIH director

Dr. Ruth Kirschstein, director of the National Institute of General Medical Sciences of the NIH, was keynote speaker of the annual meeting of the Academy Clinical Laboratory Physicians and Scientists, held June 5-6 at Stouffers Riverfront Towers in St. Louis.

Barnes Hospital and the division of laboratory medicine of Washington University were hosts for the meeting, which brought 115 ACLPS members from throughout the United States to St. Louis. Dr. Leonard Jarett, director of laboratories at Barnes, was program co-chairman.

Dr. Kirschstein pointed out that the emphasis of federal funding has shifted recently, and although funding is still committed to basic research, a new primary interest is in funding research to determine the value of various existing laboratory tests and to scientifically evaluate new tests before they are implemented into the routine laboratory.

Dr. Leo von Euler, deputy director, National Institute of General Medical Sciences, touched on the same subject in his address, "Funding of Research Training for Laboratory Medicine." He said blanket funds for this area are not currently available. The money is now being funded through sub-specialty training to develop people with expertise in the areas where they are needed. The National Academy of Science is currently studying what these areas are and that is where the money will be spent in the future.

Eight individual post-doctoral fellowship grants for laboratory medicine were made by the NIGMS throughout the U.S. this year, one of them to fund the work of Dr. James Boyd here. "We are ahead of most other centers in the country, because of our computerized laboratory. We can collect and retrieve data on large numbers of procedures and apply advanced computer techniques to the evaluation of the tests themselves and to determine the utility of computer assisted diagnosis. This is the basis of Dr. Boyd's grant," Dr. Jarett explained. "Our new, expanded labs, which are now under construction, will enable us to continue our leadership."

Other subjects covered include PSRO and the laboratory, residency and post-doctoral training in laboratory medicine, clinical and scientific advances, advances in biological sciences, and computer science and laboratory medicine. Scientific papers read at the meeting covered a wide range of laboratory methods, problems and procedures.

Staff changes

The president's office reports the following physicians on staff: Drs. Robert L. Kaufman, Gary Ratkin, Ralph F. Kuhlman, Morton A. Levy, and Gary R. Zukerman, all assistant physicians, effective July 1, 1975; Dr. Adel G. Mattar, assistant radiologist, effective July 1.

The following are chief residents who will have dual appointments as assistant surgeons from July 1, 1975 through June 30, 1976: Drs. Kenneth J. Arnold, Richard A. Blath, John K. Boucher, Walter Dembitsky, John T. Harris, Barrett K. Holder, Bruce A. MacDougal, Richard J. Marchiando, Gordon T. Matsuda, Neal Neuman, Joseph M. Ribaud, David W. Scharp, and Leo A. Whiteside.

Dr. Gary Shackelford, assistant radiologist, and Dr. Paula Clayton, associate psychiatrist, returned from leaves of absence effective July 1.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from May 20 to June 20, 1975.

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George, Dorothy and Jean Kaplan
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Barnes Hospital Society

**Barnes
Bulletin**

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In Honor Of:

Graduation of Jeffrey Srenco

Mrs. Charles Goldman

Birthday of Maxine Hirsch

Mrs. Charles Goldman

Cancer Fund

Darlene O'Kraski

Harold Grauer dies

Since 1939, both Harold and Ethel Lynn Grauer have worked at Barnes Hospital. Even after his retirement in 1966, Mr. Grauer, former barber in the Barnes Shop, continued to volunteer at Barnes, helping in the maintenance department. Mrs. Grauer is a registered nurse in the surgery clinic.

Recently, Mr. Grauer's health had made it impossible for him to work, but he had a large vegetable garden at the couple's home near Pond, Mo., and he sent members of the staff baskets of home grown vegetables.

Then, on April 18, an accident in his home resulted in a fatal wound for Mr. Grauer. He was a member of the Bethel Methodist Church at Pond, and services were conducted from that church. Friends may make contributions to the Bethel church or to Barnes Hospital Tribute Fund.

Doctors notes

Dr. John Kissane, Barnes pathologist and pediatrician, and Dr. Ralph Feigin, Barnes pediatrician, were recognized as "Teachers of the Year" by the 127 members of the graduating class of Washington University School of Medicine. They were honored at a graduation ceremony May 23.

Dr. Jack Hartstein, Barnes ophthalmologist, recently spoke on "Experiences with Intraocular Lenses" at a meeting of the New York Eye and Ear Infirmary.

Dr. Warren H. Cole, chairman emeritus of the department of surgery at the University of Illinois, recently presented the annual Harwell Wilson Surgical Lecture at the University of Tennessee Center for the Health Sciences. Dr. Cole was a resident at Barnes and collaborated with Dr. Evarts Graham in developing a dye technique which made possible the first x-ray visualization of the gall bladder.

Dr. Burton Sobel, Barnes head cardiologist, recently spoke on enzyme tests for heart attack victims at the 23rd Annual Scientific Session of the Oregon Heart Association in Portland.

Dr. Henry A. Schroeder, whose studies of high blood pressure led him to investigate the effects of metallic trace elements on the human body, died recently at his home in the Virgin Islands. Dr. Schroeder, professor emeritus of physiology of Dartmouth College, formerly was on the staff at Barnes.

Dr. Myron W. Wheat Jr., who completed his surgical residence at Barnes, has been named chief of surgery and director of the cardiovascular and thoracic surgery division at the Largo (Fla.) Medical Center.

Dr. C. Ronald Stephen, anesthesiologist-in-chief, has been named to the newly created council on Accreditation of the American Association of Nurse Anesthetists. The autonomous council will have the power to determine the accreditation status of the nation's 200 nurse anesthetist schools.

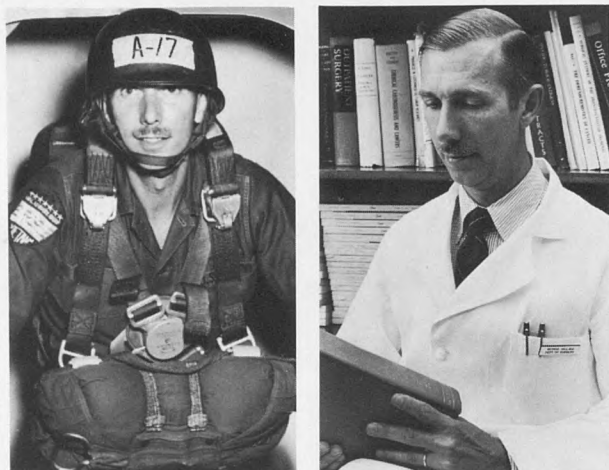
Dr. Jack Ladenson, assistant director, clinical chemistry laboratory, was an invited speaker at the 43rd annual meeting of the American Society for Medical Technology in San Francisco June 8-13, 1975. His presentation was entitled, "Patients as their own controls—use of the computer to decrease laboratory error."

Dr. Leonard Jarett, director of laboratories, presented a paper, "Ultrastructural Approaches to the Study of Hormone Receptors," at the Ninth Miles International Symposium June 4 at Johns Hopkins Medical Institutes, Baltimore.

● Dr. Hill, surgeon, becomes Cmdr. Hill, paratrooper

Most surgeons have their feet on the ground and not many go around jumping out of airplanes. But one Barnes surgeon, Dr. George Hill, has been doing just that.

Dr. Hill is a commander in the U.S. Navy Reserve and last summer completed the U.S. Army paratrooper course at Ft. Benning, Ga. In completing the jump program, Dr. Hill had to conquer several barriers.



Dr. George Hill: In the air . . . and on the ground.

He first had to get back into top shape and went through an individual training period from January to June of 1974. He also had to convince the Army school they should accept him, a Navy man. He had to convince the school's commanders that he was able to do the physical work involved. (Most of the students were under 20 years of age and he is now 42, and he had learned

that he has slightly substandard hearing in one ear.)

"The training was the hardest part," Dr. Hill said. "Most of the students in paratrooper school are just out of basic training and they are in peak condition. I didn't think I was badly out of shape but it still took a lot of work. The roughest part of the actual school was a three-mile run in formation each morning."

The three-week course emphasized physical fitness and Dr. Hill said that many of the soldiers who drop out of the class do so because of the strenuous exercise required. Those remaining are taught the basics of jumping and test their skills in an airplane mockup and towers ranging from a few feet to more than 25 stories high. Finally, five jumps are made from aircraft in flight.

"The jumps themselves were not frightening," Dr. Hill said. "I found it to be much like skiing down a very steep slope for the first time, going so fast that you are not under complete control of the situation. A parachute landing is similar to a controlled fall in skiing."

"I feared injury because I had only three weeks to complete the school. I only had one chance to do it, and if I had even a minor injury I would be washed out. Most of the other students could go back to the school if they were injured or just stick around until they made it. Mine was a different situation."

Dr. Hill said he wanted to complete the school for two reasons. "First I wanted the experience to pass on to the members of my reserve unit; secondly, I wanted to do it because it looked like an interesting adventure. And it was."

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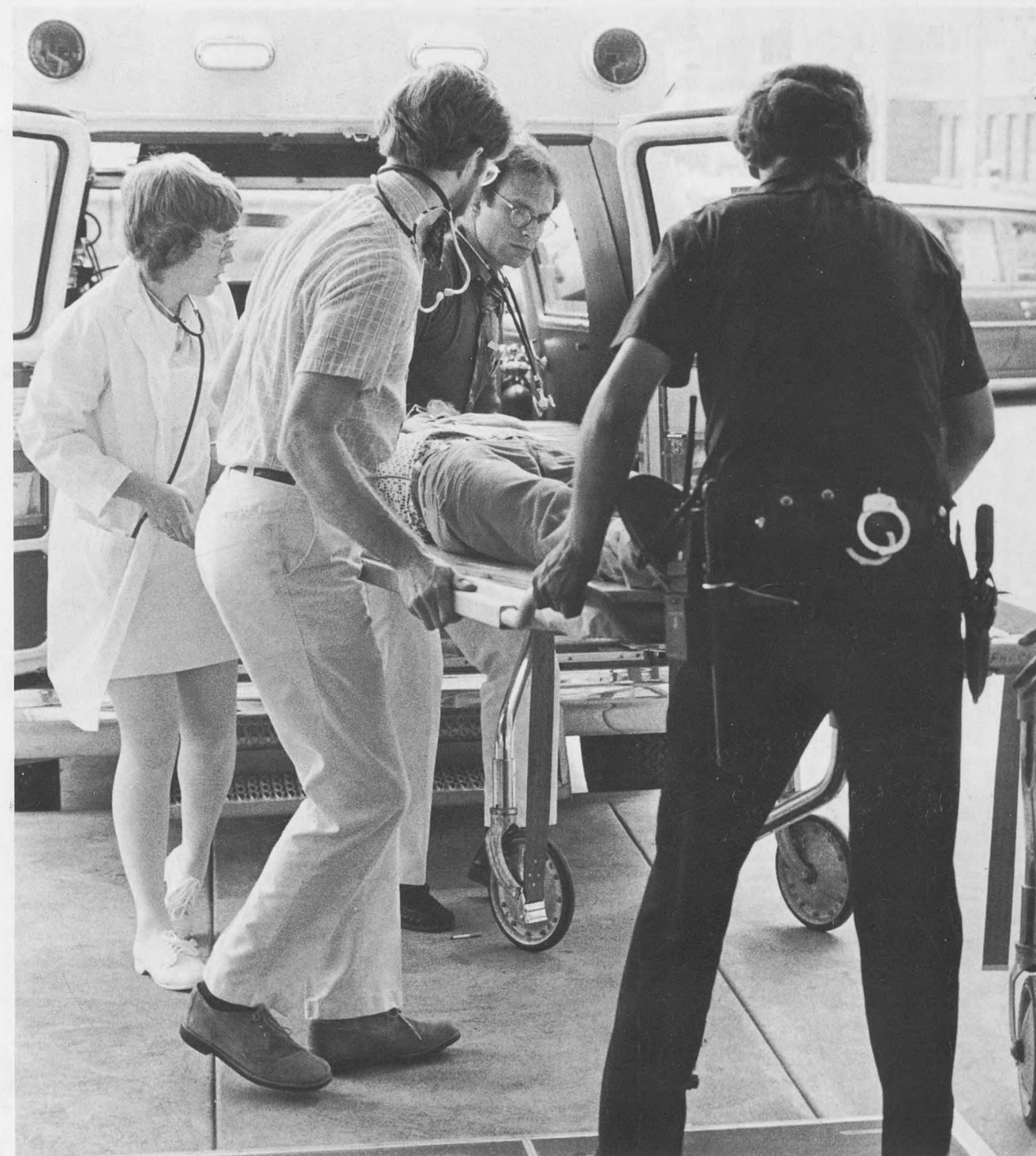
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